TRUST Islami Life Insurance PLC

Death Claim Form (GT/ADB)

Policy Number: ..... Member No: .....

Member Full Name: | | | | | | | | | | | | | | | | | | | | | | | | |

Sum Assured: ..... Company Name: .....

IMPORTANT : To be completed by the claimant in BLOCK letters.
If space provided in the box is inadequate, kindly attach annexure. All the filled claims forms and along with required documents may be sent to Trust Islami Life Insurance PLC, Group operations.

NOTE :

1. Any change in ink or overwriting should be countersigned by the person or authority filling in the form.
2. Claimant should sign on all pages at the bottom. The furnishing of this claim form is not to be construed as an admission of liabilities or waiver of any rights by the company.
3. No agent has been or is authorized to admit any liabilities on behalf of the company.

Please submit the below documents	In case of accidental death (Additional documents required over and above for Natural Death)
○ Death certificate chairman (Union, local authority) mentioning cause of Death ○ Certificate of doctor (certifying death) mentioning cause of Death ○ Age Proof (NID copy) ○ Copies of past medical records (if available) ○ Copies of current medical records (indoor case papers, admission notes discharge summary).	○ First information Report- originally attested by the police authorities where the FIR was logged. ○ Certificate from the Airline that the deceased was travelling as a passenger (in case of Air accident) ○ English translation for vernacular documents ○ Postmortem report originally attested by Hospital Authorities. ○ Age Proof (NID copy)

Section 1: Information regarding the deceased

Place of Death: ..... Date of Death: ..... Time of Death: .....

Exact/ Immediate Cause of Death: .....

Name of the last illness: ..... Duration of last illness: .....

NID: ..... Age of the deceased as on date of Death: .....

Last Residential Address: .....

.....

Last Working Date (if applicable): .....

Section 2: Details Regarding Police Investigation (In case of Accident)

Details about Cause of incident : Place of incident :

Registration Numbers of Vehicle involved (if available) :

Name, Address, Telephone Numbers of drivers involved (if available) :

Was a postmortem carried ? ☐ Yes ☐ No

If yes provide Name, Address and Tel No. of Hospital :

Place of incident :

Name, Address, and Tel Nos. of Police Station where the incident was reported :

Head Office : Paltan China Town, (17th floor, West Tower) 67/1 Naya Paltan (VIP Road), Dhaka-1000. Bangladesh.
Tel : +88 024-8313370, 9349639
Head Office (Extn.) : Kashfia Plaza (6th floor) 35/C, Naya Paltan (VIP Road), Dhaka-1000.Tel : +88 024-8313229, 9349507
E-mail : info@trustislamilife.com

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Section 3: Discharge Voucher/Advance Discharge voucher

I/We, the claimant(s) herein acknowledge and declare receipt of all the amounts due and payable under the above-mentioned policy towards the full and final settlement of the claim. I/we hereby declare that Trust Islami Life Insurance PLC. is discharged from all its liabilities under the said policy

Place: ..... Date: ..... **Authorized signature of the claimant**

[Note: The Direction below is to be completed by the policy holder]

I/We ..... and ..... do here by direct Trust Islami Life Insurance PLC. To draw the cheque for the above-mentioned amount in favor of Mr./Mrs. ..... being one of the claimants under the policy.

Place: ..... Date: ..... **Authorized signature of the Master policy holder**

Section 4: Declaration of Claimant

I/ We, the claimant/s, do hereby declare this statement (covered under Section 2) made hereinabove is true and complete in each and every respect. I/We authorize the Doctor(s) who have examined/ treated the deceased member for any ailment or illness, or any other person to provide information regarding the state of health of the deceased which he/ she may have acquired before/ after the issuance of the policy by Trust Islami Life Insurance PLC to the insurer.

I/ We agree to provide and furnish details and reports as and when required by Trust Islami Life Insurance PLC for processing this claim.

Signature of the Claimant (Nominee/ Beneficiary)

Name:
Date: Place:

Section 5: Declaration of master Policy Holder

We do hereby declare that the above-named member whose Death Certificate and First Information Report (FIR in case of an accidental death) is attached hereto was the person included in the policy under the above Member Number and do further confirm and declare that the above particulars are true and complete to the best of our knowledge and belief.

Signature of the master policy holder (Authorized Signatory , Company Seal)

Date: Place:

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